Update in
Anaesthesia

Review

Anaesthesia in Nigeria: A Journey of Resilience, Innovation, and Global Impact

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Abstract

Anaesthesia in Nigeria has progressed from its colonial roots to a dynamic specialty with academic, clinical, and international impact. This paper reviews key milestones, including the establishment of training programmes, the Nigerian Society of Anaesthetists, and subspecialty bodies, supported by collaborations with global partners. Nigerian anaesthesiologists have advanced research, education, innovation, and capacity building, contributing to safer perioperative care.

Key words: Nigerian anaesthesia, history of anaesthesia, workforce development, global health, perioperative care

INTRODUCTION

The history of anaesthesia in Nigeria is a tapestry woven with threads of resilience, pioneering spirit, and collective advancement. From its nascent stages in colonial medical practice to its current role in global health leadership, anaesthesia in Nigerian has evolved through the dedication of visionary clinicians, educators, researchers, and advocates. In this comprehensive report, we chronicle the milestones, contributors, and transformative moments that have shaped the specialty, honouring those who laid the foundation and those who continue to build upon it.

By adopting insights from previous documented accounts of the history of anaesthesia in Nigeria and more recent developments—including subspecialty societies, the *Nigerian Journal of Anaesthesia (NJA)*, focused workforce expansion strategies, training initiatives, the Prof Christopher E. Famewo Memorial Lectures, and international collaborations—we offer a rewritten, holistic account of anaesthesia in Nigeria, reflective of its challenges and triumphs up to 2025.

EARLY FOUNDATIONS AND THE EMERGENCE OF ANAESTHESIA

Anaesthesia practice in Nigeria began in the mid-20th century, largely within colonial hospitals where general practitioners administered ether and chloroform. The absence of formal training marked this era, yet it laid the groundwork for future specialization. The Faculty of Medicine of the University of Ibadan, formerly the University College (established 17 November 1948) was linked to the academic unit of the University of London. From 1953 to 1958, Dr Phyllis Mary Edwards served as the Head of Anaesthesia Service at Ibadan University. In the 1960s, she travelled for the World Health Organisation (WHO) in Europe, Africa, and North America; thus, the need for structured anaesthesia services became evident. The expatriates working at the University College Hospital (UCH), Ibadan, and at the Lagos University Teaching Hospital (LUTH) anaesthesia departments mentored the first generation of Nigerian anaesthesiologists.[1]

ANAESTHESIA PIONEERS AND PATHFINDERS

The first cohort of Nigerian doctors acquired formal diploma and fellowship qualifications in anaesthesia from the UK and Canada.[1] The Nigerian physicians who qualified with a Diploma of Anaesthesia (DA) from the UK in the late 1950s were Dr Francis Obiakpani, who worked at the General Hospital, Lagos, and Dr (Mrs) Wuraola Ogunyemi at the Orthopaedic Hospital, Lagos. The first Nigerian doctor to complete the Fellowship in Anaesthesia in the UK was Dr Philip Nwachukwu. He obtained the Fellowship of the Royal College of Surgeons, England, and joined UCH in 1963.[1]

Among the specialists in anaesthesia were Dr Wensley Vidal Mobolaji Fowler, who initially worked at the Adeoyo General Hospital, Ibadan, then transferred to

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UCH, and later joined LUTH; Dr Samuel Adekunle Oduntan, who initially worked at the General Hospital, Ijebu Ode, and later became a staff member of University of Ibadan; Dr Joseph Adepegba O. Sodipo, who worked at LUTH; and Dr Joseph Adegboyega O. Magbagbeola, who worked at UCH. The only female Nigerian anaesthesiologist in the early 1960s was Dr Jane Anwan. She started her training at UCH in 1961, went to the UK in 1963, and completed her fellowship in 1966, before returning to UCH.[1-3] Anaesthesia, initially part of the Department of Surgery at UCH, became an autonomous service department in 1966, with Prof S. A. Oduntan as the first Nigerian anaesthesiologist to head the department. By the late 1960s, the number of fully qualified Nigerian anaesthesiologists had reached 11—still woefully insufficient for a country with rapidly expanding health care needs. Dr Dorothy Jane O. ffoulkes-Crabbe joined LUTH in 1968 after completing her fellowship in the UK along with Dr J. B. A. Shomolu.[4]

The second cohort of Nigerian anaesthesia providers in the 1970s at the UCH included Drs Christopher Ekundayo Famewo and Olufunso Akinyemi, who completed their anaesthesia fellowships in Canada and UK, respectively. Similarly, Dr Odugbesan obtained his fellowship from Canada. The anaesthesiologists in the cohort that left UCH in the 1970s to complete their residencies in the UK included Dr Olufemi Babatunde Ogunnaike, Dr Nathaniel Ademuyiwa Thomas, Dr Ayorinde Dosunmu, Dr Udezuo Beatrice Umeh, Dr Eniola Olanrewaju Elegbe, and Dr Benjamin E. Nkonogho Mengot. Dr Olaitan Soyannwo was the first home-trained fellow in anaesthesia.[1-3] The pioneers and pathfinders from the late 1950s to 1970s formed the nucleus of indigenous speciality training and set the foundation for the future: cadre training, the localization of expertise, and homegrown systems for the speciality's further development. They advanced clinical practice and championed postgraduate training, research, and the establishment of the Nigerian Society of Anaesthetists (NSA) in 1971.

GROWTH OF ACADEMIC DEPARTMENT OF ANAESTHESIA

The growth of anaesthesia in Nigeria, was initiated by the visit of high-level Nigerian delegates to the University of Toronto, Canada, in February 1962. The delegates were the Minister of Health Alhadji Waziri Ibrahim, the University Registrar Mr A. S. Flanagan or Chief A. Y. Eke, and the Dean Designate Prof Horatio Orishejolomi Thomas of a medical school that was to be established at the University of Lagos (Figure 1). Their mission was to seek assistance in staffing the new medical school and to headhunt for a Professor of Anaesthesia. Professor Roderick A. Gordon recommended Dr Shirley Fleming to organize the Anaesthesia Department in the new University of Lagos Medical School.[5]

Following Dr Shirley Fleming's appointment, the Department of Anaesthesia of the LUTH became the first in Nigeria and West Africa to offer formal anaesthesia postgraduate training of doctors.[5-7] This initiative, later funded by the Canadian International Development Aid, enabled Dr Fleming to work in LUTH from 1962 to 1968. Canadian aid also financed the appointments of Dr Ronald Lambie from the University of Manitoba, Canada, and Dr Maurice Beckham, Kitchener, Canada, at UCH's Anaesthesia Department. From 1968, qualified Nigerians took over Department of Anaesthesia service provision at LUTH and UCH.[1-3]

Professor Roderick A. Gordon (1911-1998), in the early 1960s, was the Chairman of the Membership Committee of World Federation of Societies of Anaesthesiologists (WFSA) and became a key player in the development of anaesthesia in Nigeria.[1,7] He was a yearly visitor to Nigeria and West Africa from the early 1960s up until 1969. During his two weeks' visit in January or February, he attended meetings of the West African Association of Surgeons, forging a relationship with the senior anaesthesiologists in Nigeria and Ghana. He trained Nigerian doctors in Canada for three decades.[1,7]

Requested by the Regional Surgeon of Mid-West Nigeria in 1965, Gordon arranged a teaching programme for general practice physicians at the General Hospital, Benin City from the autumn of 1965 to 1967. The Canadian staff at Lagos provided anaesthetic service and teaching in Benin City, Midwest Nigeria, on a one-month rotation basis. In 1969, the leadership baton was taken over by Dr Matthias Obiaya, the first anaesthesiologist to train in this programme. Dr Obiaya had obtained his Fellowship (FFARCS, Eng.) following additional training at Lagos, Toronto, and Cambridge. He became the first Head of the Department of Anaesthesia at the Medical School of the University of Benin after the Nigerian Civil War.[1,2,5,7] With the empowerment of Nigerian anaesthesiologists, the Canadian government withdrew their support for Nigeria in 1969.[1,7]

In southeastern Nigeria, Dr Thaddeus Ikechucku Eze-Ashi played a pivotal role in strengthening anaesthesia services. During the Nigerian Civil War (1967–1970), Dr Eze-Ashi invented the Biafra wartime portable anaesthetic machine, made with a draw-over vaporizer that made use of supplemental oxygen. He created this device in the battlefield for emergency care of wounded Biafra soldiers. Dr Eze-Ashi and Dr Nwachukwu, physician anaesthetists in the Division of Surgery at the University of Nigeria, Enugu, began the Post Basic Nursing Anaesthetist Programme at the University of Nigeria Teaching Hospital (UNTH) in 1971, the first in West Africa. In 1974, anaesthesia became an independent department. The Anaesthesia Fellowship Programme started in 1984, following accreditation by the West African College of Surgeons (WACS) and the National Postgraduate Medical College of Nigeria (NPMCN). Other consultants that joined the team were Prof Humphrey A Ezike, Dr Kodilinyel Ozuorah, Dr Fidelis Akpa, Dr Nnamdi Ewuzie, and Prof Patrick Nze.[1-3]

The Department of Anaesthesia of the University of Calabar, accredited in 1986, was pioneered by Dr Ene Effiong with the assistance of Dr Sylvia Akpan; both were Fellows of UK Colleges. Professor Mathias Obiaya, assisted by Dr Samuel Ukponwan, both Fellows of Colleges in the UK, began the Anaesthesia Department at the University of Benin Teaching Hospital, while Dr (Mrs) Oji later started the University Diploma Course in Anaesthesia at Benin. Dr Ponus pioneered the Department of Anaesthesia at the University of Jos Teaching Hospital.[1-3]

Figure 1 – Nigerian delegates and staff of Department of Anaesthesia, University of Toronto, Canada in February 1962. Front row from right to left are Prof Thomas and Alhadji Waziri Ibrahim. Front row from right to left are Prof Gordon and Prof Fleming. This picture was enhanced to improve sharpness, contrast, and detail with ChatGPT on 12 August, 2025. It may have been exaggerated. Original retrieved from the Website and archived by the authors[5]

The Ahmadu Bello University Teaching Hospital (ABUTH), Zaria, was established in 1968. Dr Phyllis Mary Edwards, who had worked at the Ibadan University from 1953 to 1958, took up roles as Professor of Anaesthesia and Dean of the Faculty of Medicine Ahmadu Bello University, Zaria, Nigeria, until she retired in 1971 at the age of 60. The first group of anaesthesia service providers at ABUTH were Dr Bodmas, Dr Latima, and Dr Vimal.[1-3] The Anaesthesia Department did not start residency training until 1987. Several prominent anaesthesiologists who trained and were associated with ABUTH include Prof Israel K. Kolawole, Prof E. S. Isamade, Prof Elizabeth Ogboli-Nwasor, and Prof Saidu Yakubu.

Currently, amongst the 97 hospitals approved by the Medical and Dental Council of Nigeria for medical internship training of newly qualified doctors,[8] about 48 hospitals in Nigeria offer an anaesthesia diploma and/or residency training.[9]

GORDON'S CONCEPT FOR ANAESTHESIA WORKFORCE CAPACITY BUILDING

Gordon's concept was based on creating and managing strong teaching Departments of Anaesthesia in medical colleges of developing countries, with the consequent handing over to trained indigenous physicians. He believed that modern anaesthesia can be made available by teaching every physician something about anaesthesia so that he or she can provide perioperative and anaesthesia care for low-risk surgical patients in his or her environment.[1,7] Furthermore, basic training must be tailored for an environment using the available drugs and equipment. Gordon strongly believed in training the trainers in the existing anaesthesia departments in medical schools.[7]

The Nigerian Anaesthesia Workforce project championed by Gordon and Flemming spread to other parts of West Africa, such that professorial chairs at Lagos, Ibadan, Benin, and Harare (University of Zimbabwe) were later occupied by native Africans. All their mentees spent some time at University of Toronto following training in their home country. Each of these departments later had an active postgraduate training programme and a West African speciality qualification.

WEST AFRICAN COLLEGE OF SURGEONS

In 1970, the WACS was incorporated to certify specialists in surgery and anaesthesia within the region. Today, the WACS is responsible for 22 countries in sub-Saharan Africa. Professor Gordon was honoured by election as Honorary Fellow in Anaesthesia of the WACS (FWACS). The first WACS Fellow by examination was Dr Olaniyi Oladapo (FWACS, 1983), who later played a strategic role in the formation of the Nigeria Society of Anaesthetists. From 1991 to 1993, Prof Dorothy ffoulkes-Crabbe of Lagos University, one of

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the pioneer trainees, was President of the West African College of Surgeons.[1,4,7] From then, Nigerian anaesthesiologists held leadership roles in the WACS and WFSA.

NATIONAL POSTGRADUATE MEDICAL COLLEGE OF NIGERIA

The NPMCN was set up in 1979.[1,10] At the first Convocation held by the NPMCN in February 1982, 31 Foundation Fellows in the Faculty of Anaesthesia were inaugurated, and two anaesthesiologists were invited to join. In 1985, Dr Olusola Kushimo and Dr Patience T. Sotunmbi were inaugurated, making a total number of 35 Nigerian anaesthesiologists with the Fellowship FMCA (Table 1).[1,10] Professors W. V. Fowler and J. O. Shodipo were the Foundation Chairman and Secretary of the Faculty of Anaesthesia, respectively. From 1984 to 1987, Prof Oduntan and Prof Obiaya took over the responsibilities as Chairman and Secretary, respectively[1]. Professor Olusola Temitayo Kushimo was the first Fellow by examination of the Faculty of Anaesthesia of the Postgraduate College of Nigeria (FMCA, 1984). She trained in LUTH and in the UK and therefore holds the Fellowship of the Royal College of Anaesthetists, England (FRCA, 1982).[1]

ANAESTHESIA POSTGRADUATE PROGRAMMES

The one-year Diploma in Anaesthesia Programme for doctors was first started at the University of Lagos in 1965, making it the first postgraduate programme of a university and the first in West Africa.[1,4] In October 1968, the University of Ibadan started its own DA programme.[1,2] In the early years, it was normal for senior anaesthesiologists in university departments of anaesthesia, including University of Benin and University of Jos, to offer a one-year DA programme with degrees awarded by the respective university. This programme trained doctors to safely provide services for the bellwether procedures but also to become a stepladder for further training. Today, all eligible hospitals with anaesthesia faculty, having met the accreditation criteria of either the NPMCN or the WACS, can train doctors for the DA. The DA is registrable as an additional qualification with the Medical and Dental Council of Nigeria.

Anaesthesia residency training and workforce capacity building are provided in hospitals affiliated with universities or at specialist hospitals. These hospitals require accreditation for postgraduate training by the NPMCN and/or the WACS (for all surgical specialties).[8-11] The programmes and examinations of the two colleges are similar; therefore, residents can choose to be board certified by the NPMCN, WACS, or both. Doctors may start with the diploma and move on to the membership and fellowship pathways or can exit after completing one of the pathways.

The 21st century programmes are tailored for the anaesthesia workforce to achieve a high success rate.[11,12] To be registered as a specialist, anaesthesiologists must have Membership and/or Fellowship in Anaesthesia. The residency programme aims to train highly proficient and knowledgeable anaesthesiologists capable of functioning independently in the West African subregion and elsewhere in the world. Membership is a three-year programme, while the Fellowship requires completion of a research thesis, making it a five-year programme.[12,13] Training anaesthesia leaders, teachers, and researchers through the fellowship programmes was a priority for the NPMCN.

Table 1 – Legacy Roll Call: Honouring Nigeria's Anaesthesia Leaders. The Anaesthesia Foundation Fellows

Dr V. O. Akinsete	Dr Ben E. N. Mengot
Dr O. O. Akinyemi	Dr P. O. Nwachukwu
Dr S. G. Akpan*	Dr F. N. Obiakpani
Dr J. E. Anwan	Dr M. O. Obiaya
Dr M. A. Aziz	Dr C. O. Odugbesan
Dr A. Dosunmu	Dr S. A. Oduntan
Dr P. M. Edwards	Dr O. B. Ogunnaike
Dr O. A Elegbe*	Dr W. G. Ogunyemi
Dr J. G. Emery	Dr J. A. Omojasola
Dr C. I. Emmanuel	Dr A. O. Oyegunle
Dr E. E. Ene	Dr M. S. Shashgiri
Dr T. I. Ezi-Ashi	Dr J. B. A. Shomolu
Dr C. E. Famewo	Dr J. A. O. Sodipo
Dr D. J. O. ffoulkes Crabbe	Dr Patience T. Sotunmbi**
Dr W. V. M. Fowler	Dr N. A. Thomas
Dr A. Gupter	Dr S. O. Ukponwan
Dr Olusola Kushimo**	Dr B. U. Umeh
Dr J. A. O. Magbabeola	

* Fellows by invitation
** Fellows by examination of the Faculty of Anaesthesia (FMCA) in 1985

THE EMERGENCE AND STRUCTURE OF NSA

The NSA traces its roots to the Society of Anaesthetists of West Africa (SAWA), inaugurated on 8 January 1965 at Korle Bu Hospital, Accra, Ghana, during the fifth Annual General Meeting of the Association of Surgeons of West Africa.[1]

Professor Gordon, at the 1964 World Congress of Anaesthesiologists in São Paulo, had persuaded the World Federation to authorize membership for regional societies in situations where the number of anaesthesiologists was too few to support a national society. The society was later registered in Lagos, Nigeria, on Saturday 29 July 1966 and was admitted as a member of WFSA on 11 August 1966.[1,14] Professor Shirley Fleming became the first President of SAWA, while Prof Gordon was elected Honorary President.

The SAWA Executive Committee members elected at the Regional Annual Meeting on the 12 January 1967, at the University of Sierra Leone, Freetown, were Prof Shirley Fleming (Lagos), President; Dr Amao Oduro (Accra), 1st Vice President; Dr L. Beckham (Ibadan), 2nd Vice President; Dr Joseph Sodipo Jr (Lagos), Secretary/Treasurer; Dr Samuel Odutan (Ibadan); Dr Tagoe (Freetown); and Dr Boetang (Accra).[1,14] The Nigerian branch of SAWA, composed mainly of Lagos and Ibadan members, held its first meeting on 22 April 1967, at the UCH, Ibadan, Western State.

NSA AS AN INDEPENDENT ENTITY

The NSA was formally launched at the Old Great Hall of College of Medicine, University of Lagos, in 1979.[15] The Board of Trustees of the NSA are listed in Table 2. The initial attempt at having a national society could not be sustained; therefore, a reinauguration was required in 1992. The President at the reinauguration of the NSA was Dr Christopher Famewo, while Dr Olaniyi Oladapo became the Secretary.

To allow national societies to grow, SAWA was later dissolved in 1999. The President of SAWA at its last meeting in Nigeria was Prof Olaitan Soyannwo. The presidents of NSA from its reinauguration up until 2026 are listed in Figure 2. Membership was open to all physician anaesthetists in the six geopolitical regions of Nigeria. It was also extended to Nigerian anaesthesiologists in the diaspora.

To maintain standards, the NSA currently assists in organizing update lectures, seminars, and workshops for nonphysician anaesthetists who are mostly anaesthetic nurses in the various zones of the country. Forming regional zones led by anaesthesia zonal representatives has prioritized inclusiveness and equity. The stewardship, proven by past and current presidents of the NSA, affirms that legacy is not just what is remembered but how it is remembered.

The Annual General Meeting of the society takes place regularly in the last week of November (since 1996) and has been hosted in all the six zones in Nigeria. Mentorship has been the heartbeat of Nigerian anaesthesia. Generations of clinicians have nurtured emerging leaders, creating a legacy of excellence and empathy, exemplifying this continuum—mentored by seasoned professionals and now mentoring others in turn.

WFSA AFRICAN REGIONAL SECTION INVOLVEMENT

WFSA African Regional Section (ARS) was inaugurated in 1997 at Harare, Zimbabwe.[15] It is the supreme body that determines and controls the affairs of national society members in its region. The aims and objectives include encouraging and assisting in the formation of national societies of anaesthesiologists on the continent, establishing and maintaining closer relationships among national or regional societies of anaesthesiologists in all countries within the African region, and safeguarding the interests of the speciality of anaesthesiology in countries within the region.

The ARS held the All-African Anaesthesia Congress (AAAC) once every four years until 2017, when a decision was made to hold it every two years. The aims and objectives of the ARS are consistent with that of WFSA. Consequently, ARS is the vehicle of effectiveness of WFSA's objectives highlighted as advocacy, education and training, innovation and research, safety and quality. Table 3 presents executives of the ARS until present.

Table 2 – Incorporated Trustees of the Nigerian Society of Anaesthetists on 12th July 2000

Dr Olufemi Babatunde Ogunnaike
Dr (Mrs) Olusola Temitayo Kushimo
Dr (Mrs) Olaitan Alice Soyannwo
Dr (Mrs) Nosa Philomena Edomwonyi
Dr Olaniyi Olajide Oladapo
Dr (Mrs) Adesuwa Safu Lawani-Osunde (no longer a Trustee following her demise on 1st February 2014)

HOSTING THE 6TH AAAC (2017)

The NSA, in collaboration with WFSA and ARS, hosted the 6th AAAC at Abuja, Nigeria, from 19 to 24 November 2017. This was organized by Dr Olagbale Solanke, Chairman of the 6th AAAC Abuja Local Organizing Committee; Major Gen Obashina Ogunbiyi, the Scientific Convenor and Chairman of the Scientific Committee; and Dr Bisola Onajin-Obembe, the Conference President. This was the first congress to be held in West Africa, attracting delegates from Africa, Europe, USA, China, and New Zealand.

INCREASING REPRESENTATION IN WFSA COMMITTEES

Engagement of Nigerians in committees of WFSA has increased. In 2024-2026, Nigerians are serving in the following:

Dr Olubusola Alagbe-Briggs, President Elect of WFSA's ARS

Dr Bisola Onajin-Obembe, Diversity, Equity, and Inclusion Committee

Dr Obashina Ogunbiyi, Member Constitution Committee

Dr Aderonke Adesiyan, Member Scientific Program Committee

Prof Sotonye Fyneface-Ogan, Member Obstetric Anaesthesia Committee

Dr Olurotimi Aaron, Member Paediatric Anaesthesia Committee

Prof Elizabeth Ogboli-Nwasor, Pain Management Committee

Dr Maryrose Osazuwa, Workforce Well-being Committee

WFSA POSTFELLOWSHIP TRAINING IN NIGERIA

Paediatric Anaesthesia Fellowship

Nigeria became a WFSA Subspecialty Training Centre for Paediatric Anaesthesia in 2017. The first Paediatric Anaesthesia Fellowship training programme was a joint programme directed by Prof Ronke Desalu at the LUTH and Prof Yinka Eyelade at the UCH, Ibadan.

Obstetric Anaesthesia Fellowship

The first Nigerian Obstetric Anaesthesia Fellowship programme in 2018 was directed by Prof Elizabeth Ogboli-Nwasor at the ABUTH, Zaria, and Prof Sotonye Fyneface-Ogan at the University of Port Harcourt Teaching Hospital, Nigeria.

CROSS-FUNCTIONAL ROLES OF NIGERIAN ANAESTHESIOLOGIST

Pioneers in Academic Leadership

Professor D. J. O. ffoulkes Crabbe: Considered the first female indigenous anaesthetist in Nigeria, she became the first female Professor of Anaesthesia in 1978 and played a crucial role in establishing the first autonomous academic Department of Anaesthesia at the College of Medicine, University of Lagos. Her role in championing anaesthesia in Nigeria and Africa earned her

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Figure 2 – Presidents of the Nigerian Society of Anaesthetists from 1992 to 2026

the nickname "Mama". Professor ffoulkes-Crabbe was one of the pioneers of the ARS and was the first ARS chairperson. Figure 3 shows Mama ffoulkes-Crabbe and some of her anaesthesia protégés at the 46th Annual WACS Conference in 2006 in Accra, Ghana.

Dr P. O. Nwachukwu and Dr Thaddeus Eziashi: Pioneered the Department of Anaesthesia at the College of Medicine, University of Nigeria, and were instrumental in establishing the Post Basic Nurse Anaesthetist programme at the UNTH after the Nigerian Civil War.

Professor Olushola Kushimo (Figure 4): A trustee of the NSA, she is Chairman of the Board of Trustees, Paediatric Anaesthesia Society of Nigeria (PASoN). She is the first Fellow by Examination NPMCN (FMCA), a former head of the Department of Anaesthesia, LUTH. She is also former Secretary and Chairman, Faculty of Anaesthesia NPMCN, and examiner to WACS and NPMCN. She is a member of the Editorial Board of the *African Journal of Anaesthesia and Intensive Care*. Professor Kushimo (nicknamed Mama Kush), trained over 300 anaesthesiologists at fellowship/diploma levels. She is a devout Catholic and Patroness of Societies.

INVENTORS AND INNOVATORS (EAT-SET, PAIN MANAGEMENT, PALLIATIVE CARE)

Brigadier General (Dr) Otu Oviemo Ovadje, a Nigerian Army anaesthesiologist, invented the Emergency Auto-Transfusion Set (EAT-SET) in 1989. This low-cost, electricity-free device safely recovers and filters a patient's own blood from internal bleeding for reinfusion, optimising care in settings with limited resources. His innovation earned multiple international awards and patents in nine countries, with recognition from the United Nations Development Programme, World Health Organization, as well as the Organization of African Unity (OAU) and the World Intellectual Property Organization (WIPO).

Table 3 – Nigerian Leaders in World Federation of Societies of Anaesthesiologists African Regional Section from 1997 to 2026

Period	African Regional Section Board Position
April 1997 to September 2001	Prof Dorothy ffoulkes-Crabbe, Chairperson
May 2005 to September 2009	Dr Sam Ukponmwan, Board Member
September 2009 to 2012	Dr Bisola Onajin-Obembe, Board Member
March 2012 to April 2013	Dr Bisola Onajin-Obembe, Interim Secretary/Treasurer
April 2013 to November 2017	Dr Bisola Onajin-Obembe, President and Host of 6th All Africa Anaesthesia Congress
November 2017 to 2021	Dr Tola Olatosi, Chairperson
2021–2024	Dr Olubusola Alagbe-Briggs, Board Member
2024–2026	Dr Olubusola Alagbe-Briggs, President-Elect

Figure 3 – Professor D. J. O. ffoulkes-Crabbe, pictured from left to right are Drs Busola Alagbe-Briggs, Bisola Onajin-Obembe, Folayemi Faponle, Tola Olatosi, and Ann Merah at the 46th Annual Conference of the West African College of Surgeons (WACS), Accra, Ghana, in February 2006

Professor Olaitan Soyannwo (Figure 5), co-founder and President of the Centre for Palliative Care Nigeria (CPCN), is recognized for her tireless work in disseminating the importance of pain relief and her leadership in establishing the first Palliative Care Unit in a Nigerian tertiary institution. She was also the first President of the Society for the Study of Pain, Nigeria (SSPN). Professor Simbo Daisy Amanor-Boadu took over as President of the CPCN. Both work at UCH, Ibadan, and they contributed at various times to the national policy on pain as well as guidelines on pain management. Another cross-functional society in Nigeria is the Hospice and Palliative Care Association of Nigeria (HPCAN). Professor Tonia Onyeka has presided over the HPCAN from 2023 until the present time.

Professor Ronke Desalu: She made her impact in paediatric anaesthesia and developed a training program for anaesthesia providers delivering safe anaesthesia for cleft surgeries. She is the founding and current President of the PASoN.

Dr. Bisola Onajin-Obembe: A consultant anaesthesiologist at the University of Port Harcourt Teaching Hospital, she is a strong advocate for workforce capacity building and patient safety in Nigeria and Africa. She served as the workforce lead for the National Surgical, Obstetric, Anaesthesia, and Nursing Plan (NSOANP) of the Federal Ministry of Health of Nigeria. She was Sir Robert Macintosh Lecturer at the Euroanaesthesia Congress, Munich, Germany, in December 2021, and was awarded Kester Brown Lecturer at the Australian Society of Anaesthetists National Scientific Congress (ASANSC), Darwin, Australia, 6-9 September 2024. Dr Onajin-Obembe founded Global Anaesthesia Initiatives, Texas, in November 2024.

DEVELOPMENT OF SUBSPECIALTY SOCIETIES

Nigerian anaesthesiologists continue to expand the frontiers with the following subspecialty societies.

Society of Obstetric Anaesthetists of Nigeria, Inaugurated 2011

Inaugural President: Prof Sotonye Fyneface-Ogan, current President Prof Elizabeth Ogboli-Nwasor (2024 onwards).

Intensive-Critical Care Society of Nigeria, Inaugurated 2014

Inaugural President: Dr Arinola A. Sanusi (2014–2016), other Presidents: Maj Gen Shina Ogunbiyi, mni (2016–2021)Prof B. B. Osinaike (2021–2025), Dr Job Otokwala (2025 onwards).

Society of Specialists in Airway Management, Nigeria, Conceptualized in 2018 by ten Members

It was recognized in 2019 by the Society of Airway Management, International, and inaugurated in September 2021 as a Chapter in Nigeria. Inaugural President Dr Aderonke Adesiyan (2021–2025); current President Dr Maryrose Osazuwa (2025 onwards).

PASoN, Inaugurated 7 September 2022

The inaugural President was Prof Ronke Desalu. The members of PASoN have been facilitating the Safe Paediatric Course from 2022 until the present time. Professor Olushola Kushimo, pioneer paediatric anaesthesiologist and Board Chairperson of PASoN, received the Distinguished Fellow of the Medical College of Anaesthesia (DFMC) Award in 2024. The Kushimo Prize for best dissertation in paediatric anaesthesia, NPMCN, was awarded for the first time in 2024 to Dr Shaki Christopher.

Regional Anaesthesia Society of Nigeria

Formed after hosting the training workshop on Ultrasound Guided Regional Anaesthesia, Maiduguri, Nigeria, 14-19 June, 2025, it is still in the preregistration stage, in 2025. The patron is Prof Adamu Sadiq, and the President is Dr Ahmed Mohammed.

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Figure 4 – Professor Olusola Kushimo with Dr Shaki Christopher, who received the Kushimo Prize for the best dissertation in Paediatric Anaesthesia at the National Postgraduate Medical College of Nigeria (NPMCN) for the first time, September 2024

Nigerian Journal of Anaesthesia

Launched in November 2024 under the leadership of Dr. Olubusola Alagbe-Briggs, the *NJA* provides a dedicated platform for advancing anaesthesia, critical care, and pain management in Nigeria. Published by the NSA, the *NJA* promotes excellence in practice through high-quality research and education, featuring reviews, original studies, case reports, conference abstracts, letters, and short communications[16].

CAPACITY BUILDING AND GLOBAL ENGAGEMENT

Over the past four decades, Nigerian anaesthesiologists have fostered strategic partnerships, advanced the anaesthesia workforce through innovative initiatives, and enhanced regional collaboration.

Partnerships in The Gambia, Malaysia, and Liberia

The Gambia

Under the National Health Development Project and Essential Obstetric Services initiative, Prof O. A. Soyannwo provided training for two cohorts of nurse anaesthetists between 1988 and 1993 for the Ministry of Health and the Royal Victoria Hospital, Banjul. This effort formed part of a World Bank and donor-supported programme aimed at strengthening health care delivery.

More recently, within the framework of the Essential Health Systems Strengthening Programme, Prof Folayemi Faponle contributed significantly to capacity building in The Gambia from May 2021 to May 2022. Serving as a postgraduate medical trainer and consultant at the Edward Francis Small Teaching Hospital, Banjul, she mentored junior doctors, expanded clinical services, and developed the curriculum for the newly established Department of Anaesthesia. Her leadership secured accreditation from the WACS for anaesthesia training. As a result of her sustained advocacy, newly qualified doctors now rotate through anaesthesia postings, resulting in increased awareness and interest in the specialty.

Malaysia

From 1989 to 1991, Prof Eniola Elegbe contributed to anaesthesia capacity building for Commonwealth nations by training residents at the Faculty of Medicine, National University of Malaysia, Kuala Lumpur. She continued similar efforts at the University of Ghana Medical School, Department of Anaesthesia, from 1992 to 1997.

Liberia

In post-war Liberia, Prof Eguma was appointed by the World Bank as part of the Healthcare Reconstruction Project, training 26 nurses between September 2008 and December 2011. Building on these efforts, WFSA sponsored the Liberia Anaesthesia Capacity Building Project in 2018, in partnership with the Liberian Medical and Dental Association, the NSA, and Aminu Kano Teaching Hospital (AKTH), Nigeria, to address the shortage of physician anaesthesia providers. Coordinated by Prof Datti Alhassan Mohammed, the project supported Liberian physicians in completing the WACS DA through training at AKTH. Four Liberian doctors sat for the DA examination in April 2020, with ongoing training aimed at achieving the Fellowship in Anaesthesiology of the WACS.

NATIONAL CAPACITY BUILDING: LAGOS STATE AND FEDERAL CAPITAL TERRITORY ABUJA

Lagos State, Nigeria's most populous state and largest city, is one of the fastest-growing megacities in the world and a major financial and economic hub. To address the anaesthesia workforce shortage,

Figure 5 – Professor Olaitan Soyannwo (left) and Prof Nosa Philomena (right) are members of the Board of Trustees of Nigerian Society of Anaesthetists (NSA)

the School of Anaesthetic Studies, Badagry, was established in 2006 under the leadership of Dr Olaniyi Oladapo. Prior to its founding, the Lagos State Health Service Commission had only 12 physician anaesthetists. Over the following 12 years, the school produced 134 certified physician anaesthetists and 85 nurse anaesthetists, markedly improving anaesthesia services across the state's 25 general hospitals.

In the Federal Capital Territory (Abuja), a strategically planned city that became Nigeria's capital in 1991 and is known as "The Centre of Unity", the Federal Medical Centre (FMC) serves as a tertiary health care institution providing specialized medical services. In 2016, Dr Bisola Onajin-Obembe applied Gordon's concept to initiate anaesthesia training at FMC Abuja, starting with the diploma program. The department has since expanded, gaining accreditation for membership and fellowship in anaesthesia, and this proof-of-concept model has been adopted by other federal medical centres, to strengthen anaesthesia capacity nationwide.

POSTDIPLOMA TRAINING IN BASIC PAEDIATRIC AND CLEFT ANAESTHESIA

In 2023, anaesthesia leaders and fellows of FWACS developed the Post Diploma Certificate in Basic Paediatric and Cleft Anaesthesia Curriculum, an initiative of Smile Train and WACS. In 2024, this programme was successfully piloted in three hospitals: University of Port Harcourt Teaching Hospital, LUTH, and the Aminu Kano University Teaching Hospital, Kano. This programme was designed to further enhance the pipeline for the anaesthesia workforce in Nigeria and West African.

SAFE Paediatric Cleft Training is a model for subspecialty education and surgical safety. It held its inaugural training Nigeria on 17 July, 2025. These efforts reflect a commitment to access, workforce development, and global solidarity.

NIGERIAN ANAESTHESIOLOGISTS ABROAD AND KNOWLEDGE EXCHANGE

Nigerian anaesthesiologists continue to make notable contributions to knowledge exchange and the global medical workforce, demonstrating their exceptional skills and expertise. Nigerian anaesthesiologists who have persistently interacted with the NSA are Prof Oluyemi Olufolabi (USA), Prof Patrick Olomu (USA), and Dr Kingsley Enohumah (UK). Professor Olomu is the Division Chief of Paediatric Anaesthesia and Anaesthesiologist-in-Chief at the Children's Hospital of Richmond at Virginia Commonwealth University, USA. He is a member of the Board of Trustees of PASoN. Professor Olomu received the Physician of the Year (POTY)—Diaspora category in December 2023 and was honoured with the Fellowship of the Medical College of Anaesthesia (Honoris Causa Award) on 6 August, 2025, at the 19th Annual Scientific Conference and All Fellows' Congress 2025 in Nigeria.

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Global Alliance of Surgical, Obstetrics, Trauma and Anaesthesia Care (G4 Alliance)

The Nigeria Society of Anaesthetists joined the G4 Alliance in 2015 and has been fully engaged in advocacy on the global stage. Dr Onajin-Obembe served in various capacities and was the President of the G4 Alliance Permanent Council from 2022 to 2024.

PROFESSOR CHRISTOPHER E FAMEWO MEMORIAL LECTURE

Honouring Leaders and Legacy

The first Prof C. E. Famewo lecture titled "Equipping Anaesthesia Practice: The way Forward" was given by Prof Sotonye Fyneface-Ogan, at the NSA Annual Scientific Conference, November 2019.

Other lecturers are: Prof Folayemi Faponle (2020), Prof Elizabeth Ogboli-Nwasor (2021), Maj Gen (Dr) Obashina Ogunbiyi (2022), Prof Benjamin O. Bolaji (2023), Prof Atim Eshiet (2024).

Amongst the highly topical lectures are "The Turning Point: Strengthening the Nexus between Anaesthesia Workforce and Research in Nigeria" delivered by Maj Gen (Dr), Obashina Ogunbiyi (2022) and "Current Practices and the use of Harmonized Practice Guidelines in Anaesthesia: Where do we Stand in Nigeria?" delivered by Prof Benjamin O. Bolaji (2023).

SUMMARY

The story of anaesthesia in Nigeria is far from complete. It is a living narrative—dynamic, diverse, and deeply rooted in service. As the specialty continues to evolve, it carries forward the values of unity, innovation, and mentorship that have defined its journey. In honouring the past, Nigerian anaesthesia charts a bold and inclusive future—one where every voice is heard, every contribution valued, and every generation empowered to lead.

Nigerian anaesthesia professionals have also contributed to advancements in practice and safety, including developing the NSOANP to address the gap in surgical care, with particular emphasis on children's surgery and nursing. By championing pain relief and palliative care through organizations like the SSPN and the CPCN, as well as establishing Intensive-Critical Care Society of Nigeria, PASoN, SCCM, and Society of Obstetric Anaesthetists of Nigeria, Nigerian anaesthesiologists have promoted and strengthened research capacity within the field, leading to increased understanding of anaesthetic practices and improved patient outcomes. Promoting training programs have addressed the workforce shortages and enhance expertise.

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